

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 MAY 15 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

M02873

**1. Corporation Name**

BRIGHT SOFTWARE SYSTEMS, INC.

**2. Principal Office Address**

2761 NW 82 AVE

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33122

Country

USA

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

07/18/84

**5. FEI Number**

592430166

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

MITCHELL HORWICH

500005610835-5

Street Address (P.O. Box Number is Not Acceptable)

1541 SUNSET DRIVE

-05/27/02-01002-013

\*\*\*\*300.00 \*\*\*\*300.00

Suite, Apt. #, Etc.

SUITE 600

City

MIAMI

State

FL

Zip Code

33143

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

Mitchell Horwich

REGISTERED AGENT MUST SIGN

Date

5/13/02

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	SAMUEL KLAINGBAUM	10677 SW 79 TERRACE	MIAMI, FLORIDA 33173

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL KLAINGBAUM

Date

05/10/02

Daytime Phone #

(305) 592-4215

CR2E081 (9/01)

Bright Software Systems  
2761 NW 82 Ave.  
Miami, FL 33122  
(305) 592-4215

Miami, May 8, 2002

Florida Department of State  
Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Dear sirs:

According to our telephone conversation last week, enclosed  
please find our corporation reinstatement form.

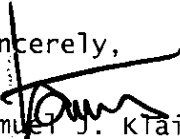
Because the mailing address was never changed, we did not receive your last form,  
so we include corresponding payment of \$300.00 for the last two years.

Please make note of our new address:

Bright Software Systems  
2761 NW 82 Ave  
Miami, Florida 33122

Thanks for your attention.

Sincerely,

  
Samuel J. Ktainbaum  
President